

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2103-63-008682
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED FEB 28 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Missouri

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN St. Louis, Missouri

Inside Limits
Yes ☒ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION Cardinal Glennon Hospital For Children

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 4133 Blaine Ave. No.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Kevin

Randy

Greenwalt

4. DATE OF DEATH

Month

Day

Year

February

24,

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-15-63

9. AGE (last birthday)

6 years

IF UNDER 1 YEAR

Months Days Hours Min.

1 9

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Calvin Greenwalt

13b. MOTHER'S MAIDEN NAME

Dorothy (Eads)

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Calvin Greenwalt, 4133 Blaine Ave.

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Septicemia

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Leptotetis medi

3 days

DUE TO (c)

391.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a)

Chaperneopathy with seizures

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m., p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

1/30

'63

2/24/63

her and last saw him alive on

2/24/63

12:15 p

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Jackson Eto

(Degree or title)

MD

22b. ADDRESS

6500 Chippewa

22c. DATE SIGNED

2/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2-25-63

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Steeleville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Jonas Funeral Home, Steeleville, Mo.

25. DATE RECD. BY LOCAL REG.

FEB 25 1963

26. REGISTRAR'S SIGNATURE

Head Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

2

2099

55

MAR 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley H. Wilson

Licensed Embalmer No.

4193

P. O. Address

St. L.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.